

# The National Breast and Cervical Cancer Early Detection Program:

## Saving Lives Through Screening



**The National Breast and Cervical Cancer Early Detection Program**, administered by the Centers for Disease Control and Prevention (CDC), helps low-income, uninsured, and underserved women gain access to life-saving screening programs for early detection of breast and cervical cancers.

Many deaths from breast and cervical cancers could be avoided by increasing cancer screening rates among women at risk. Deaths from these diseases occur disproportionately among women who are uninsured or underinsured. Mammography and Papanicolaou (Pap) tests are underused by women who have no source, or no regular source of healthcare; women without health insurance; and women who immigrated to the United States within the last 10 years.

Studies show that early detection of breast and cervical cancers saves lives. Timely mammography screening among women aged 40 years or older could reduce breast cancer mortality by approximately 16% compared with women who are

not screened. Pap tests can find cervical cancer at an early stage when it is most curable or even prevent the disease if precancerous lesions found during the test are treated.

**Mammography** is the best available method to detect breast cancer in its earliest, most treatable stage—an average of 1 to 4 years before a woman can feel a lump. Women

aged 40 years or older should have a screening mammogram every 1 to 2 years.

**Cervical cancer screening** using the Pap test detects not only cancer but also precancerous lesions. Women should begin getting a Pap test with the start of sexual activity, but no later than at 18 years of age, and repeat the test at least every 3 years.

### The Facts

#### Breast Cancer

- Except for skin cancer, breast cancer is the most commonly diagnosed cancer among American women.
- It is second to lung cancer as the leading cause of cancer-related deaths among women.
- In 2004, an estimated 215,990 new cases of invasive breast cancer will be diagnosed among women.
- In 2004, an estimated 40,580 women will die of this disease.
- Seventy-five percent of all diagnosed cases of breast cancer are among women aged 50 years or older.

#### Cervical Cancer

- The incidence of invasive cervical cancer has decreased significantly over the last 40 years, in large part because of screening for, and treatment of, precancerous cervical lesions.
- According to the CDC study, Cervical Cancer Mortality Among Foreign-Born Women Living in the United States, 1985–1996, death rates from cervical cancer increased for foreign-born women while continuing to decrease for U.S.-born women from 1985 through 1996.
- In 2004, an estimated 10,520 new cases will be diagnosed.
- In 2004, an estimated 3,900 women will die of this disease.
- Routine screening for cervical cancer can prevent most occurrences of this disease.

Source: American Cancer Society, *Cancer Facts and Figures 2004*.



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

**CDC Activities Target Early Detection**

To help improve access to screening for breast and cervical cancers among underserved women, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990, which created CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP). This program, funded with \$210 million in fiscal year 2004 appropriations, provides both screening and diagnostic services, including

- Clinical breast examinations.
- Mammograms.
- Pap tests.
- Surgical consultation.
- Diagnostic testing for women whose screening outcome is abnormal.

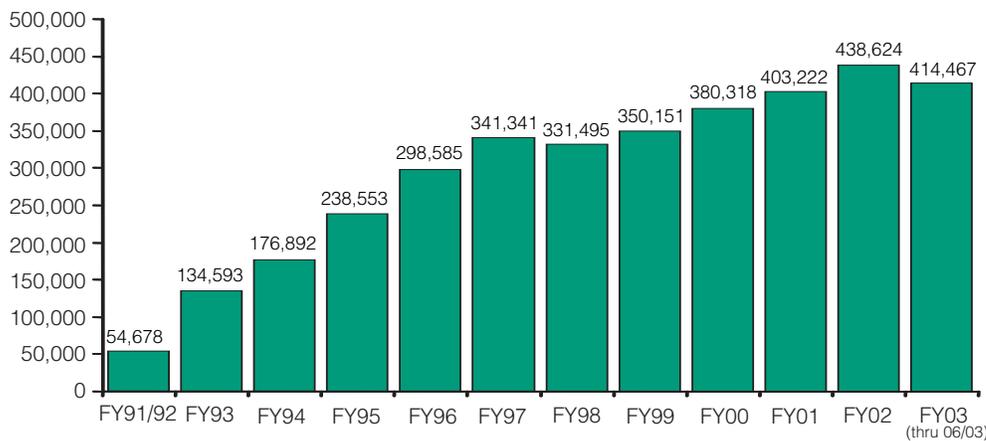
Established in 1991, the program is currently implemented in all 50 states, 4 U.S. territories, the District of Columbia, and 13 American Indian/Alaska Native organizations.

To date, it has

- Screened 1.9 million women.
- Provided 4.6 million screening examinations.
- Diagnosed 17,009 breast cancers; 61,474 precancerous cervical lesions; and 1,157 cervical cancers.

NBCCEDP continues to support an array of strategies that work together synergistically to achieve these results. Examples of some of these strategies are described in the sections that follow.

**Number of Women Served in NBCCEDP for Fiscal Years 1991–2003**



Total number of women ever screened—1,989,599.

Screened indicates that a woman received at least one Program Pap, mammogram, or CBE in the fiscal year. Source: Minimum Data Elements through 06/30/2003 paid with NBCCEDP funds, National Breast & Cervical Cancer Early Detection Program.

**Coalitions and Partnerships: Reaching Underserved Women**

The success of NBCCEDP depends on the complementary efforts of a variety of national organizations and other partners. CDC has joined with many such partners to help strengthen and maintain the infrastructure needed to implement NBCCEDP and other health programs focusing on underserved women.

For example, CDC partners with Avon, which distributes about \$5 million every year to help community-based organizations recruit women for breast cancer screening. During 2003, Avon worked to improve links between these organizations and NBCCEDP grantees. Also, through the Avon-CDC Foundation Mobile Access Program, a grant of more than \$4 million will fund at least four mammography vans to expand services for medically underserved women through NBCCEDP.

CDC is also partnering with Men Against Breast Cancer (MABC), the first national nonprofit organization to target and mobilize men in the fight against breast cancer. MABC recognizes that breast cancer affects the entire family and emphasizes the important role of the husband or partner in caring for the breast cancer patient. MABC works with breast cancer patients, their husbands and partners, and doctors and other medical staff to educate them on the important role that they play in a woman's treatment and recovery. CDC has funded MABC for a 5-year period to support the

MABC's Partners in Survival Program. Through collaborations with other organizations, this program will reach African Americans, American Indians, Hispanics, and their partners. By conducting workshops, developing culturally sensitive material, and translating material into Spanish, MABC's Partners in Survival Program will teach skills to partners of cancer survivors that will improve men's ability to care for and support their partners.

The Mautner Project for Lesbians with Cancer is also being funded by CDC for a period of 5 years. Its mission is to 1) provide direct services to lesbians with cancer, their

partners, and caregivers; 2) educate and inform the lesbian community about cancer; 3) educate the health care community about the special concerns of lesbians with cancer and their families; 4) and advocate for lesbian health issues in national and local arenas.

CDC funding will support the Mautner Project's Spirit Health Education Circle (SHE-Circle) Program that provides broad-based cancer education addressing all aspects of prevention, including behavioral risk factors and screening, in a setting that encourages cancer prevention as part of a healthy lifestyle. The target population for the SHE-Circle Program is African-American lesbian women, whose race and sexual orientation combined are a powerful barrier to care.

### **Public Education and Outreach: Promoting Cervical Cancer Screening**

Public education and outreach involve the design and delivery of clear and consistent messages about cervical cancer and the benefits of early detection, using a variety of methods and strategies to reach priority populations. States receive funds to create and disseminate educational resources to women, especially those who are rarely or never screened. CDC often develops these materials to help states bolster public awareness campaigns.

In 2003, CDC developed a cervical cancer fact sheet entitled *Basic Facts on Screening and the Pap Test*. This fact sheet is written at the sixth-grade reading level and addresses the basics of cervical cancer and testing. The purpose of the fact sheet is to encourage women to be screened because early detection is the key to reducing morbidity and mortality related to cervical cancer. It is available on the Web at [http://www.cdc.gov/cancer/nbccedp/cc\\_basic.htm](http://www.cdc.gov/cancer/nbccedp/cc_basic.htm).

### **Professional Education: Enhancing Health Care at the Source**

NBCCEDP's state, territorial, and tribal grantee programs educate a wide range of health care professionals, including physicians, nurses, radiologic technologists, and cytologists, on the key roles that they play in the early detection of breast and cervical cancers. For example, the Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP) produces multiple professional education conferences by satellite every year. In September 2001, ABCCEDP sponsored a video conference on the Alabama Medicaid Breast and Cervical Cancer Treatment Program. This broadcast reached hundreds of health professionals with information about the treatment program, and

ABCCEDP continues to receive inquiries related to the broadcast.

### **Screening, Follow-Up, and Case Management**

NBCCEDP provides national guidance on screening, diagnostic follow-up, and case management to ensure that current techniques and best practices are used in caring for women served by the program. Case management services help to ensure that women are screened at appropriate intervals, that they access appropriate diagnostic services in the event of abnormal test results, and that they receive appropriate medical treatment as needed. Case managers also may help women navigate the health care system (e.g., make sure that transportation is available and work with physicians to obtain free or reduced-cost services).

The District of Columbia's Breast and Cervical Cancer Early Detection Program, also known as Project WISH (Women Into Staying Healthy), began the Lay Health Navigator Program to improve the rate of women keeping their appointments for mammograms. Lay health navigators (LHNs) are often an effective link between health promotion programs and the community because LHNs share the same language, culture, and beliefs as community members. LHNs were trained to focus on eliminating the fear and distrust that reduced the likelihood of women keeping their cancer screening appointments. LHNs then provided counseling, identified support services, and reminded clients about upcoming mammogram appointments. Women served by the Navigator Program were five times more likely to complete breast cancer screening exams on the scheduled appointment date than women who were not served by the program.

### **Quality Assurance for Screening and Follow-Up**

Health agencies that participate in NBCCEDP use mammography facilities certified by the American College of Radiology and cytology laboratories that follow the Clinical Laboratory Improvement Amendments of 1988. CDC provides screening and diagnostic guidelines to all NBCCEDP grantees and helps them evaluate their clinical services. Under CDC's guidance, all of the grantee programs develop strategies to ensure that women receive the best care possible.

In the New York Breast and Cervical Cancer Early Detection Program, health care providers are recruited by local Healthy Women Partnerships to supply breast and cervical cancer screening and diagnostic services. Providers must meet standards set by CDC and the state

health department and must be certified by the U.S. Food and Drug Administration to conduct mammography screening and diagnostic follow-up. An interdisciplinary quality-assurance team reviews screening data received from almost 800 providers across the state, comparing each provider's aggregate test results with expected results based on state and national data. These reviews alerted program officials to a quality-assurance issue in one facility where the number of breast cancers detected was less than 25% of the number expected.

### **Improving Access to Treatment**

In 2000, Congress passed the Breast and Cervical Cancer Treatment and Prevention Act to help make treatment services more accessible to women enrolled in NBCCEDP. This legislation gives states the option to provide Medicaid coverage for treatment of women

enrolled in NBCCEDP who have a diagnosis of breast cancer, cervical cancer, or a related precancerous condition. To qualify for Medicaid coverage under the program, a woman must be under age 65, not otherwise eligible for Medicaid, without creditable health care coverage, screened through the state's Breast and Cervical Cancer Early Detection Program, and be found to need treatment for breast and/or cervical cancer or precancerous conditions.

CDC's partnership with the Centers for Medicare & Medicaid Services has helped states obtain approval for this Medicaid option from the U.S. Department of Health and Human Services. As of January 1, 2004, 49 states and the District of Columbia have received approved Medicaid amendments to participate in this program. Visit the NBCCEDP Web site at <http://www.cdc.gov/cancer/nbccedp/law106-354.htm> for more information.

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## ***CDC Research Activities***

### **Formative Research on Issues Related to the Use of Mass Media in African-American Women**

The goal of this research project is to determine how to better use local media to inform African-American women about the availability of mammography services. To this end, CDC will conduct a series of focus groups among African-American women in Georgia aged 40 to 64 years who are either participating in or eligible for NBCCEDP. This research seeks to determine from respondents how they might use television and radio as sources of health information and identify the types of programs and stations that they listen to or watch, as well as the hours during which they listen to or watch these programs. In addition, the research will explore the different types of print media that may be the most useful in reaching the specified population. Results from the focus groups are expected in 2005 and will be used to test and develop an intervention designed to raise visibility of NBCCEDP among African Americans.

### **Formative Research on Issues Related to Breast and Cervical Cancer Screening in Never and Rarely Screened Women**

The purpose of this formative research project was to better understand why some Mexican and Mexican-American women living in the United States are never or rarely screened for breast and cervical cancers. This project examined participants' general knowledge of breast and cervical cancers and screening tests, their attitudes and beliefs about breast and cervical cancer screening, facilitators and barriers to breast and cervical cancer screening, and social influences on women's decisions to screen for breast and cervical cancers. The results of this project are relevant to the planning of behavioral intervention research needed to reach Mexican and Mexican-American women and to increase their participation in breast and cervical cancer screening. Data collection and analysis have been completed, and the final report is expected in late 2004.

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## ***Future Directions***

CDC estimates that approximately 20% - 21% of eligible women aged 50 to 64 years received Pap tests and mammograms through NBCCEDP. CDC will continue working—through research, partnerships, and grantee organizations—to increase access to breast and cervical

cancer early detection and treatment services, to develop strategies for improving rescreening rates among women enrolled in the program, and to implement public education and outreach strategies capable of reaching women who have rarely or never been screened.

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